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CONFIRMATION NO. 5666

<b>SERIAL NUMBER</b> 10/823,457	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 369	<b>GROUP ART UNIT</b> 2627	<b>ATTORNEY DOCKET NO.</b> 08173-009005
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**\*\* CONTINUING DATA \*\*\*\*\*** ok

This application is a CON of 10/173,495 06/14/2002 PAT 6,724,694 which is a DIV of 09/500,695 02/09/2000 PAT 6,449,221  
 which is a DIV of 08/846,916 04/29/1997 PAT 6,243,350  
 which is a CIP of 08/641,513 05/01/1996 ABN  
 and is a CIP of 08/657,145 06/03/1996 PAT 6,270,696  
 and is a CIP of 08/692,581 08/05/1996 ABN  
 and is a CIP of 08/720,808 10/01/1996 PAT 5,936,928  
 and is a CIP of 08/764,175 12/13/1996 PAT 5,793,584  
 and is a CIP of 08/795,606 02/05/1997 PAT 5,828,482

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** N/A**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/25/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 61	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**

20985

**TITLE**

Disk cartridge for optical disk drives

<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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